

UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA

semen petrashov

847 102nd LANE,  
Blaine MN 55434, Plaintiff(s),

vs.

Case No. 15LV3061 DWF/FLN  
(To be assigned by Clerk of District Court)

Alina Health  
headquarters

2925 Chicago Avenue. DEMAND FOR JURY TRIAL  
Minneapolis MN 55407 YES ☐ NO ☐

Defendant(s).

(Enter the full name(s) of ALL defendants in  
this lawsuit. Please attach additional sheets  
if necessary).

COMPLAINT

PARTIES

1. List your name, address and telephone number. Do the same for any additional plaintiffs.

a. Plaintiff Semen Petrashov.

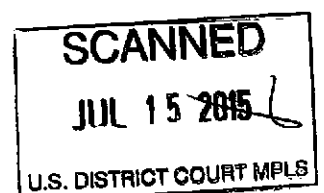
Name Semen

Street Address 847 102 LANE NE

County, City Blaine MN 55434.

State & Zip Code MN 55434

Telephone Number (612) 239-42-29



2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

a. Defendant No. 1

Name *Aina Health headquarters,*  
Street Address *2925 Chicago Avenue*  
County, City *Minneapolis*  
State & Zip Code *MN 55407.*

b. Defendant No. 2

Name  
Street Address  
County, City  
State & Zip Code

c. Defendant No. 3

Name  
Street Address  
County, City  
State & Zip Code

**NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.**

**Check here if additional sheets of paper are attached:** ☐

**Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)**

**JURISDICTION**

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? *(check all that apply)*

☐ Federal Question

☐ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply.

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name: Semen Petrushev State of Citizenship: MP

Defendant No. 1: ALINA HEALTH State of Citizenship:

Defendant No. 2: State of Citizenship:

**Attach additional sheets of paper as necessary and label this information as paragraph 5.**

**Check here if additional sheets of paper are attached.** ☐

6. What is the basis for venue in the District of Minnesota? *(check all that apply)*

☐ Defendant(s) reside in Minnesota ☐ Facts alleged below primarily occurred in Minnesota

☐ Other: explain

**STATEMENT OF THE CLAIM**

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

7.

complaint.

Dear Judge company Alina Health  
it deals with corruption.

One hour sent a bill for. ~~\$1,600~~ 1,600

Just only. one tablet. and Also. Finger  
picture.

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☒

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

#### REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

I'm Attached. invoice.

Signed this 7 day of 15 | 15.

Signature of Plaintiff Semen Petryshov.

Mailing Address 847 102 nd Lake NE  
Blaine MN 55434.

Telephone Number ee110R  
(612) 239 - 42 - 29.

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.